

United States Air Force-Refractive Surgery (USAF-RS) Program

Checklist for USAF Personnel (Civilian Treatments)

STEP	DATE	<input checked="" type="checkbox"/> COMPLETED
1		<p>Member obtains appropriate documents from USAF-RS website:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Commander's Authorization Form for Civilian Refractive Surgery <input type="checkbox"/> Civilian USAF-RS Application <input type="checkbox"/> Health Benefits Advisor Counseling Memo <input type="checkbox"/> Co-Management Agreement Form for Civilian Refractive Surgery <input type="checkbox"/> Administrative Monitoring Agreement for Civilian Refractive Surgery <input type="checkbox"/> Patient Information Booklet (FDA Required)
2		<p>Member completes and obtains appropriate signatures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Civilian USAF-RS Application (completes demographic and initials mandatory statements) <input type="checkbox"/> Civilian USAF-RS Application (FSO signature) --- AASD ONLY <input type="checkbox"/> Commander's Authorization Form for Civilian Refractive Surgery (signatures) <input type="checkbox"/> Administrative Monitoring Agreement for Civilian Refractive Surgery (Base Optometry Signature) <p>*If any of the above forms are not completed or signatures obtained, then process stops. You may not proceed with Civilian Refractive Surgery Option.</p>
3		<p>For members who wear contact lenses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No soft contact lens wear for 30 days. Date last worn _____. <input type="checkbox"/> No rigid gas permeable contact lens wear for 90 days. Date last worn _____.
4		<p>Only after completion of steps 1-3 member schedules pre-operative evaluation with Civilian Refractive Surgery Center. Civilian Refractive Surgery Center completes evaluation and provides member with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Civilian USAF-RS Application (Clinical Evaluation) <input type="checkbox"/> Color copy of Corneal Topography (req'd) <input type="checkbox"/> Color copy of ORBSCAN and copy of PENTACAM (if available) <input type="checkbox"/> Co-Management Agreement Form for Civilian Refractive Surgery
5		<p>Member submits package to appropriate Program Manager:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ul style="list-style-type: none"> <input type="checkbox"/> APM (Aviation and Aviation Related Special Duty) <input type="checkbox"/> WPM (Warfighter) </div> <div style="width: 50%;"> <p>Aviation Program Manager USAFSAM/FECO 2507 Kennedy Circle Brooks City-Base, TX 78235-5116 usafsrreg@brooks.af.mil FAX: Commercial (210) 536-1359 / DSN 240-1359 Voice: Commercial (210) 536-4514 / DSN 240-4514</p> <p>Warfighter Program Manager 2200 Bergquist Drive, Suite 1 Attn: 59 SSS / SG02ER (WF Pkts) Lackland AFB, TX 78236-9908 WHMC-CRS@lackland.af.mil FAX: Commercial (210) 292-2813 / DSN 554-2813 Voice: Commercial (210) 292-3495 / DSN 554-3495</p> </div> </div> <p><input type="checkbox"/> Member retains hard copy of completed application package</p>
6		<ul style="list-style-type: none"> <input type="checkbox"/> "Permission to Proceed" determination received by member from Program Manager. <input type="checkbox"/> Member verifies Base Optometry receipt of "Permission to Proceed" <input type="checkbox"/> Member verifies FSO receipt of "Permission to Proceed" --- AASD ONLY
7		<ul style="list-style-type: none"> <input type="checkbox"/> If "Approved", member schedules surgery date with Civilian Refractive Surgery Center. <input type="checkbox"/> Member notifies Base Optometry of surgery date <input type="checkbox"/> Member FSO of surgery date --- AASD ONLY <input type="checkbox"/> If "Denied", process is terminated. Contact FSO (AASD only) or Base Optometry with questions
8		<p>Prior to departure to surgery center, member initiates convalescent leave with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FSO --- AASD <input type="checkbox"/> PCM --- Warfighter <input type="checkbox"/> Commander <p><input type="checkbox"/> Prior to departure, member reports to FSO for initiation of AF Form 1042 --- AASD ONLY</p>
9		<p>Within one week of surgery/return to homebase member reports for completion of AF Form 469 and AF Form 1042 (AASD ONLY)</p> <ul style="list-style-type: none"> <input type="checkbox"/> FSO --- AASD <input type="checkbox"/> PCM/Base Optometry --- Warfighter
10		<p>Member completes follow-up evaluations with co-manager.</p> <p>*If co-manager is not at USAF medical treatment facility, member must obtain copies at each visit. Member must contact FSO (AASD) or Base Optometry (Warfighter) following each post-operative visit to submit documentation.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ul style="list-style-type: none"> <input type="checkbox"/> 1 month post-op completed <input type="checkbox"/> 2 month (PRK only) post-op completed <input type="checkbox"/> 3 month post-op completed <input type="checkbox"/> 6 month post-op completed <input type="checkbox"/> 12 month post-op completed </div> <div style="width: 45%;"> <ul style="list-style-type: none"> <input type="checkbox"/> 1 month post-op copy submitted <input type="checkbox"/> 2 month post-op copy submitted <input type="checkbox"/> 3 month post-op copy submitted <input type="checkbox"/> 6 month post-op copy submitted <input type="checkbox"/> 12 month post-op copy submitted </div> </div>